

MINUTES

ADVISORY COMMITTEE MEETING COMMISSION FOR MH/DD/SAS

**Holiday Inn - Highwoods
2805 Highwoods Boulevard
Raleigh, NC 27604**

Tuesday, October 12, 2004

Attending:

Advisory/Committee Members: Don Stedman (Chair), Laura Coker, Clayton Cone, Mary Kelly, Dorothy Rose Crawford, Emily Moore, Marvin Swartz, MD, Floyd McCullouch, & Ann Forbes

Division Staff: Alicia Graham, Judy Bright, Michael Lancaster, Jim Osberg, Carol Donin, Don Willis

Ex-Officio Members: Bob Hedrick

Excused: Martha Macon

Others: Laura White, Lena Klumper, Joe Donovan, John Crawford

Handouts: Agenda; August 17, 2004 Minutes; Leandro Decision, MH Community Capacity Summary, Community Capacity Planning for Downsizing of the Mental Retardation Center, Community Capacity Expansion and Hospital Downsizing, Mental Health Community Capacity Summary, SFY 05 Mental Health Trust Fund Projected Utilization Plan (8/25/04), Oversight Committee on MH/DD.SAS Schedule of Meetings, and The Child Plan Newsletter (Volume 1, Issue 3)

Welcome, Introductions and Approval of Minutes

Don Stedman, (Chair), called the meeting to order at 9:45 a.m.

All members, staff and visitors made introductions.

A motion was offered by Emily Moore, seconded by Marvin Swartz, to approve the Minutes from the August 17, 2004 meeting. The motion passed unanimously.

The meeting began with Dr. Stedman thanking Alicia Graham and Judy Bright for handling the Advisory Committee since the departure of Peggy Balak. He also thanked Mike Moseley and staff for moving forward with the Housing Task Force Report recommendations. Dr. Stedman then distributed a handout concerning the Leandro Decision, a recent North Carolina Supreme Court case that may alter the way schools receive money. Also the decision has implications for the redesign of child mental

health services. Dr. Stedman asked Bob Hedrick to give an update from the Legislative Oversight Committee (LOC) meeting Bob had attended. Bob Hedrick stated the big issues were the service definitions, the rates, and utilization limits for new services. He also reported that Leza Wainwright and Mike Moseley gave a status report on LME's and the divestiture process. Members have requested a copy of the PowerPoint presentation that was presented. This will be furnished as soon as permission is given to release it. They are also concerned about people being discharged to inappropriate settings without adequate discharge plans, and concerned about how people who are not Medicaid eligible and don't fall in the target population, are going to be served. Dr. Stedman asked Bob Hedrick to give a brief update at each Advisory Meeting of the Legislative Oversight Committee Meetings. Advisory members were given a copy of the LOC Meeting Schedule.

Institution Downsizing

Jim Osberg, DMH/DD/SAS State Operated Services, spoke about community capacity and institution downsizing. Jim Osberg reported that downsizing is focusing on the long term care units. Jim reported that the Division is working with Glen Care Nursing Home in Warsaw, NC to serve those in need of nursing and behavioral health care. Dr. Marvin Swartz asked about the impact of downsizing on forensic services. Jim Osberg stated that use of the forensic care units had risen and that the state is developing a fifty bed forensic unit at Broughton Hospital. Jim also reported that there will be an organized forensic unit at the new hospital when it is built.

Bob Hedrick expressed concern about identifying gaps in the community. Are we doing this? Jim reported that downsizing dollars are being used to expand resources for people who are leaving hospitals, as well as in the community.

Clayton Cone wanted to know if outcomes are being measured for such things as tenure in the community, admissions, incarcerations, and employment/school. Jim reported that outcomes are being measured. Ann Forbes reported that she knew in her community that lengths of stay, number of admissions and readmission rates are being tracked for the acute care unit.

Carol Donin, DMH/DD/SAS State Operated Services, spoke to the group about downsizing of the mental retardation facilities and community capacity. She referred to a handout on *Community Capacity Planning for Downsizing of the Mental Retardation Centers* that she shared with the group. She reported that the criteria used for discharge of clients from mental retardation centers to the community were:

- 1) Guardians who are not opposed. They focused on this first so they could demonstrate success for those who were opposed to leaving.
- 2) Capacity and resources in the community.

Carol gave a quick profile of the MR Centers in North Carolina. Currently, there are four centers with approximately 1200 to 1400 people. The median age range is 45-50 years old and most individuals have severe-mental retardation to profound mental retardation. Dr. Stedman asked about new admissions to the mental retardation centers-Has there been a surge? Carol reported that there has been a moratorium on admissions to the MR centers in the last couple of years. She reported that any admissions have been because of discharges. For example last year they had seven admissions and six discharges.

In summary, the downsizing for the nursing and long term populations is on target. Planning is behind for those geriatric patients who have behavioral problems. The mental retardation centers are behind schedule in their downsizing. Dr. Stedman extended the offer of help the Centers to aid in difficult transition planning, through advocacy and policy change, from the Advisory Committee if this was seen as a need.

Child Mental Health Plan

Michael Lancaster, MD, Chief of Clinical Policy, DMH/DD/SAS, spoke to the group about Child Mental Health. Michael reported that our concerns are the same concerns expressed throughout the country. He reported that they were:

- Increased admissions
- Access to treatment
- Parity
- Evidence-based practice
- Need for measurable outcomes
- Need for gathering data

Dr. Lancaster stated that the goal of the Child Mental Health Plan was to serve children in the least restrictive setting and that it be community based. He reported that the intent of the plan, to serve children in their home would not necessarily be cheaper. The goal is to develop relationships with other agencies using a system of care approach. He reported that the State Collaborative, the overseeing body of the System of Care, is looking at common goals.

There was a discussion around school-based mental health. Dr. Stedman reinforced the need for school-based health and mental health services through school-based centers. Ann Forbes wanted to know how to access mental health services through the schools. Dr. Lancaster reported that there is a process in place where children can receive six sessions without barriers and then, with approval, up to twenty-six sessions-if the client is Medicaid eligible.

Discussion of Topic Areas for the next year

The Advisory Committee devoted the afternoon session entirely to discussion and selection of topics for study during 2004-05.

Beginning with the list of six possible topic areas identified in Asheville in August, the Committee reviewed the topics and added two more-

- (1) Individuals with mental illness in the prison system
- (2) Crisis services.

The eight topics were then reviewed and discussed to insure that all understood the topics under consideration. The Committee then broke into small groups for discussion, selection and prioritization of topics. Each small group identified three of the seven topics as the most urgent and prioritized the list of three. Each group reported their choices to the full Committee. Then the Committee then selected three from that group for discussion and final selection.

Small groups favored “Monitoring Provider Services”, “Access to MH and Health Services”, “Data Collection”, “Parity for Mental Health Insurance” and “Individuals Having Mental Illness in Prisons”.

From that group of five finalist topics, the Committee identified (1) “Access to Mental Health and Health Services”, (2) “Data Collection” and (3) “Monitoring Provider Services”, in that order of priority.

The Committee agreed that Dr. Stedman will develop a draft proposal for a study of “Access to Services” prior to the November Commission meeting so that the Committee can submit its proposal to the Commission for approval on November 18, 2004 and begin the study before the end of 2004.

The meeting adjourned at 2:34 p.m.

Minutes respectfully submitted by

Alicia Graham